

TRANSMITTAL LETTER

00000034861

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CERTIFIED SURGICAL ASSISTANTS PA, INC.
(Proposed corporate name - must include suffix)

500003193825--6
-04/03/00--01123--019
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JAMES A. MOUNT CRNFA
Name (Printed or typed)

13429 PAM DRIVE
Address

BROOKSVILLE, FL. 34614
City, State & Zip

(352) 597-7464
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR -3 AM 8:23

FILED

NOTE: Please provide the original and one copy of the articles.

4/6

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CERTIFIED SURGICAL ASSISTANTS P.A. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13429 PAM DRIVE, BROOKSVILLE, FL. 34614

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAMES A. MOUNT CRNFA
13429 PAM DRIVE
BROOKSVILLE, FL. 34614

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAMES A. MOUNT CRNFA
13429 PAM DRIVE
BROOKSVILLE, FL. 34614

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00 APR -3 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James A. Mount CRNFA
Signature/Incorporator

03/30/2000
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

James A. Mount CRNFA
Signature/Registered Agent

03/30/2000
Date

ARTICLE VI Specific Purpose: The purpose of this corporation is to provide cost effective alternatives to surgeons and patients by providing surgical assistants for operations that require a physician assistant.